STATE OF ARKANSAS Income Tax Return for an S Corporation

Calendar year 2002 or Tax Year Beginning			and Ending •					, 20			
Name of Corporation			Business Code Employ			Employ	er Identification Number				
•						•					
Address				Date of Incorporation			Date of Arkansas S Corp Election				
•											
City, State and Zip Code			Date Began Business in Arkansas			Date of Federal S Corp Election					
•											
	INCLUDE COPY OF FEDERAL RETURN, SCHEDULE K, K-1 A	AND ARKANSAS	TAX CRED	ITS (See Arkar	nsas Busi	iness an	d Ince	ntive Pa	ackage)		
	Check box if applicable: Initial Return	urn (goi	ng out	of business)							
F	ILING STATUS:	7	TYPE OF	CORPORATION	ON:						
1	Corporation operating only in Arkansas	(Check only	one box below:							
2	Multi-state corporation - Apportionment	4	Don	nestic corporati	on						
3	Multi-state corporation - Direct accounting	5	Fore	eign corporation	1						
				A. TO	TAI		ТВ	ADI	KANSAS		
6	Cross respires of calco: (Loss returns and allowaness)		6	A. 10	TAL	l00 6	В.	AKI	NANSAS 0		
6. 7.	Gross receipts of sales: (Less returns and allowances)					00 7	_		0		
8.	Cost of goods sold and/or operations: (Submit schedule)					00 8	_		0		
9.	Net gain (or loss) from Form 4797:					00 9	_		0		
10.	Other income: (Attach schedule)					00 10	-		0		
11.	TOTAL INCOME (LOSS): (Add Lines 8 through 10 and enter her					00 11	_		0		
12.	Compensation of officers:					00 11	_		0		
13.	Salaries and wages: (See Instructions)					00 12	_		0		
14.	Repairs:					00 14	_		0		
15.	Bad Debts: (Submit schedule)					00 15	_		0		
16.	Rent:					00 16	_		0		
17.	Taxes: (See Instructions)					00 17	_		0		
18.	Deductible interest expense not claimed or reported elsewhere: .					00 18	_		0		
19a.	Depreciation: (Attach Fed. Form 4562)		100			100					
b.	Depreciation reported elsewhere on return: 19b		00								
C.	Subtract Line 19b from 19a:					00 19	c —		0		
20.	Depletion: (Do not deduct oil and gas depletion)					00 20	_		0		
21.	Advertising:					00 21	_		0		
22.	Pension, profit-sharing, etc. plans:					00 22	·		0		
23.	Employee benefit programs:					00 23	,		0		
24.	Other deductions: (Attach schedule)					00 24	.		0		
25.	TOTAL DEDUCTIONS: (Add Lines 12 through 24 and enter here	e)	25			00 25	, [0		
26.	NET INCOME (LOSS) from trade or business activity: (Subtr. Lin	e 25 from Line 1	1) 26			00 26	, [0		
27.	Excess net passive income tax: (See Instructions)					00 27			0		
28.	Income tax on capital gains: (From Schedule D, page 2)		28			00 28			0		
29.	Add Lines 27 and 28:					29			0		
30.	Payments: (2002 estimated tax payments and amount applied	from 2001 return	n)			30			0		
31.	Tax Due: (If Line 30 is less than Line 29, enter the amount due))				31			0		
32.	Overpayment: (If Line 30 is greater than Line 29, enter the diff.	ference)				32	!		0		
33.	Amount of refund to be $\boldsymbol{\text{credited}}$ to $\boldsymbol{\text{2003}}$ estimated $\boldsymbol{\text{tax}}$:					33			0		
34.	Refund: (Subtract Line 33 from Line 32)								0		
	r penalties of perjury, I declare that I have examined this return and ue, correct and complete. Declaration of preparer (other than taxp								and belief, they		
Officer'		Date	Title				FOR	DEPART	MENT USE ONL		
Signature Preparer's Signature		Date	Prenarer's	SSN or PTIN	Cha-l- "	Colt —	A				
i ichali	o o organizature	Date	i reparers s	JOIN OF FIN	Check if Emplo		B •		 		
Firm's Name (Or yours, if self-employed) and Address		Preparer's Teleph	one Number	May the A				 	-		
				Agency dis	cuss this re	eturn with		 	- -		
		Employer Identific	ation Numbe	the prepare	Yes	nt ieπ? No	E•	_			
	MAII DETIIDN TO: State Income Tay D.O.B.	lov 2620 1:44- D	AD 70000	2620	163	I	<u>=</u> -				

	SCHEDULE A - Worksheet for Apportionment of Multistate C	Corporation			
	INCOME TO APPORTION:	·			
1.	Income: (Enter amount from page 1, Line 26, Column A)	1		00	
2.				00	
3.	Dividend income: (Submit schedule)			00	
4.	Net Income (loss) from rental activities and Royalties: (Submit schedule)			00	
5.	Net capital gain (loss) not listed on page 1: (Submit schedule)			00	
6.	Other income (loss): (Submit schedule)			00	
7.	Total Income: (Add Lines 1 through 6 and enter here)				00
8.	Charitable Contributions: (Submit schedule)			00	100
9.	Section 179 expense deduction: (Submit schedule)			00	
10.	Other expenses (adjustments) not included elsewhere: (Submit schedule			00	
11.					00
12.					
	APPORTIONMENT FACTOR:	(A)	(B)	12	(C)
اد. 1.		Amounts in Arkansas	Total Amo	uinte	Percentage (A)÷(B)
١.	a. Tangible Assets used in Business and Inventories	Amounts in Arkansas	Total Affic	I I	Tercentage (A)·(B)
	Less Construction in Progress				
	Amount at the Beginning of Year	00		00	
		00		00	(Calculate to 6 places to the right of decimal.
	Amount at the End of year Total: (Add Lines of and of)	00	-	00	Fill in all spaces)
	3. Total: (Add Lines a1 and a2)	00		00	999.999999 %
	4. Average Tangible Assets: (Line a3 divided by 2)	00		-	(EXAMPLE)
	b. Rented Property: (8 X net annual rent)	00		00	%
_	c. TOTAL TANGIBLE PROPERTY: (Add Lines a4 and b)	00		00	70
2.	, ,				
	Related to the Production of Income:			lool	I or
2	a. TOTAL:	00		00	%
3.	Sales / Receipts:	lool			
	a. Destination Shipped From Within Arkansas:	00			
	b. Destination Shipped From Without Arkansas:	00			
	c. Origin Shipped From Within Arkansas to U. S. Govt.:	00			
	d. Origin Shipped From Within Arkansas to	00			
	Other Non-taxable Jurisdictions:	00			
	e. Other Business Gross Receipts:	00		-	
	(Interest, dividends, rents, gains, etc. Submit Schedule)			00	%
	f. TOTAL SALES: (Add Lines 3a through 3e)			[00]	. %
4	g. Multiply Column C, Line 3f by 2 to Doubleweight the Sales Factor Sum of the Percentages: (Add Column C, Lines 1c, 2a, and 3g)				
4. *=					. %
*5.	For Part B, Line 5, divide Line 4 by the number of entries other than zero		Divided by		
	Note: An entry other than zero in Part B, Column B, Line 3g, counts as		Column B, Lines	(10), (2a), c	inu (3i).
_	ARKANSAS TAXABLE INCOME:	two (2) entries.			T I
		o 5)			.
1. 2.					
3.	TOTAL INCOME TAXABLE TO ARKANSAS:				
٦.	SCHEDULE D - Capital Gains Tax				.
Δ	TAX IMPOSED ON CERTAIN CAPITAL GAINS:				
7. 1.					. 00
2.					
3.	Net long-term capital gain reduced by net short-term capital loss:				
4.	Statutory minimum:				
5 .	Subtract Line 4 from Line 3:				
6.	Tax: (Enter 6.5% of Line 5).				
	,				
7. B	Compare Line 2 and Line 6: (Enter the smaller amount here and on Line TAX IMPOSED ON CERTAIN BUILT- IN GAINS:	20, page 1, FUIII AR 11005	? <i>]</i>		
					. 00
1.	,				
2.	3				
3.	Enter smaller of Line 1 or 2:				
4.	Section 1374(b)(2) deduction:				
5.	Subtract Line 4 from Line 3: (If zero or less, enter zero here and on Line				
6.	Enter 6.5% of Line 5: (Enter here and on Line 28, page 1, Form AR1100)	oj			. 1 100